PERMIT FORMS
PURSUANT TO
REGULATIONS FOR THE CONTROL AND ABATEMENT OF AIR POLLUTION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY

AIR PERMITS
FORM 7 APPLICATION

NEW SOURCE REVIEW PERMITS
and STATE OPERATING PERMITS

What pages do I fill out for my facility?

- All new sources and major modifications: 3
- All major stationary sources at undeveloped sites: 4
- All new and modified sources and State Operating Permits: 5, 6, 7
- All new and modified major sources: 23, 24, 25, 26, 27

In addition, complete the following pages:

- For boilers, external combustion units, turbines: 8, (17, 18 if applicable), 19, 20, 21, 22, 28
- For stationary combustion engines: 9, (17, 18 if applicable), 19, 20, 28
- For incinerators: 10, 17, 18, 19, 20, 21, 22, 28
- For surface coating operations: 11, 12, (17, 18 if applicable), 19, 20, 21, 22, 28
- For quarry operations: 11, 17, 18, 19, 20
- For VOC/Petroleum storage tanks: 13, 14, 19, 20, 21, 22, 28
- For loading racks and oil water separators: 15, 19, 20, 21, 22, 28
- For fumigation operations: 16
- For all other sources: 11, (17, 18, 21, 22 if applicable), 19, 20, 28

****NOTE:** ***The facility only has to fill out the applicable pages that apply.*** If any pages are unused, the facility does not need to submit the unused pages with the application.

Source-Specific Form 7 Applications

There are some source-specific Form 7 Applications available for these sources:
(check out the DEQ website at http://www.deq.virginia.gov/air/justforms.html)

- Asphalt plants (Form 7A)
- Crematories (Form 7B)
- Concrete Batch Plant (Form 7C)

LOCAL GOVERNING BODY CERTIFICATION FORM

Facility Name:	Registration Number:
Applicant's Name:	Name of Contact Person at the site:
Applicant's Mailing address:	Contact Person Telephone Number:
Facility location (also attach map):	
Facility type, and list of activities to be conducted:	

The applicant is in the process of completing an application for an air pollution control permit from the Virginia Department of Environmental Quality. In accordance with § 10.1-1321.1. Title 10.1, Code of Virginia (1950), as amended, before such a permit application can be considered complete, the applicant must obtain a certification from the governing body of the county, city or town in which the facility is to be located that the location and operation of the facility are consistent with all applicable ordinances adopted pursuant to Chapter 22 (§§ 15.2-2200 et seq.) of Title 15.2. The undersigned requests that an authorized representative of the local governing body sign the certification below.

Applicant's signature:	Date:

The undersigned local government representative certifies to the consistency of the proposed location and operation of the facility described above with all applicable local ordinances adopted pursuant to Chapter 22 (§§15.2-2200 et seq.) of Title 15.2. of the Code of Virginia (1950) as amended, as follows:

(**Check one block**)

☐ The proposed facility is **fully consistent** with all applicable local ordinances.

☐ The proposed facility is **inconsistent** with applicable local ordinances; see attached information.

Signature of authorized local government representative:	Date:
Type or print name:	Title:
County, city or town:	

[THE LOCAL GOVERNMENT REPRESENTATIVE SHOULD FORWARD THE SIGNED CERTIFICATION TO THE APPROPRIATE DEQ REGIONAL OFFICE AND SEND A COPY TO THE APPLICANT.]

DEPARTMENT OF ENVIRONMENTAL QUALITY
AIR PERMIT APPLICATION FEE

INTRODUCTION

IMPORTANT NOTICE: UNLESS YOU ARE APPLYING FOR A NEW MAJOR SOURCE PERMIT OR A MAJOR MODIFICATION PERMIT, NO PERMIT APPLICATION FEE IS REQUIRED. Application fees are not required for applications for minor sources, minor modifications, or permit amendments.

If the proposed stationary source is "new", will be located at an "undeveloped site" and is considered "major" under one of the following NSR air permit programs, then the air permit application must be accompanied with the appropriate application fee:

- Major Stationary Sources in Prevention of Significant Deterioration (PSD) Areas (Article 8),
- Major Stationary Sources Locating in Non-attainment Areas (Article 9),
- Major Sources of Hazardous Air Pollutants (Article 7), or
- Major Stationary Sources subject to State Major New Source Review (Article 6)

Applications will be considered incomplete if the proper fee is not paid and will not be processed until the fee is received. Air permit application fees are not refundable.

Instructions and references are provided in the Form 7 Instructions document. If required, this form and a check (or money order) payable to "Treasurer of Virginia" should be mailed to the Department of Environmental Quality, Receipts Control, P.O. Box 1105, Richmond, VA 23218. Copies of the form and check (or money order) should accompany the permit application. Retain a copy for your records. Any questions should be directed to the DEQ regional office to which the application will be submitted.

COMPANY NAME:		**FIN:**	
COMPANY REPRESENTATIVE:		**FAX:**	
MAILING ADDRESS:			
BUSINESS PHONE:			
FACILITY NAME:			
PHYSICAL LOCATION:			

Check all that apply to this application:

Types of NSR Review Required:	☐ **PSD Major NSR Review**	☐ **NON-ATTAINMENT Major NSR Review**	☐ **HAP Major NSR Review**	☐ **ARTICLE 6 STATE MAJOR NSR Review**	**TOTAL PERMIT APPLICATION FEE**
AMOUNT OF FEE:	**$30,000**	**$20,000**	**$15,000**	**$5,300**	**$ (MAX $30,000)**

DEQ OFFICE TO WHICH PERMIT APPLICATION WILL BE SUBMITTED (check one)

☐ **Abingdon/SWRO** ☐ **Woodbridge/NRO** ☐ **Richmond/PRO**

☐ **Harrisonburg/VRO** ☐ **Lynchburg or Roanoke/BRRO** ☐ **Virginia Beach/TRO**

FOR DEQ USE ONLY
Date:
DC #:
Reg. No.: _____

Send Original Form and Check to: DEQ Receipts Control, P.O. Box 1105, Richmond, VA 23218
Send Copies of Form and Check to: The DEQ regional office

Commonwealth of Virginia
Department of Environmental Quality

AIR PERMIT APPLICATION
CHECK ALL PAGES ATTACHED AND LIST ALL ATTACHED DOCUMENTS

___ Local Government Certification Form, Page 3
___ Application Fee Form, Page 4
___ Document Certification Form, Page 5
___ General Information, Pages 6-7
___ Fuel Burning Equipment, Page 8
___ Stationary Internal Combustion Engines, Page 9
___ Incinerators, Page 10
___ Processing, Page 11
___ Inks, Coatings, Stains, and Adhesives, Page 12
___ VOC/Petroleum Storage Tanks, Pages 13-14
___ Loading Rack and Oil-Water Separators, Page 15
___ Fumigation Operations, Page 16
___ Air Pollution Control and Monitoring Equipment, Page 17
___ Air Pollution Control/Supplemental Information, Page 18
___ Stack Parameters and Fuel Data, Page 19
___ Proposed Permit Limits for Criteria Pollutants, Page 20
___ Proposed Permit Limits for Toxic Pollutants/HAPs, Page 21
___ Proposed Permit Limits for Other Reg. Pollutants, Page 22
___ Proposed Permit Limits for GHGs on Mass Basis, Page 23
___ Proposed Permit Limits for GHGs on CO_2e Basis, Page 24
___ BAE for Criteria Pollutants, Page 25
___ BAE for GHGs on Mass Basis, Page 26
___ BAE for GHGs on CO_2e Basis, Page 27
___ Operating Periods, Page 28

___ ATTACHED DOCUMENTS:
___ Map of Site Location
___ Facility Site Plan
___ Process Flow Diagram/Schematic
___ MSDS or CPDS Sheets
___ Estimated Emission Calculations
___ Stack Tests
___ Air Modeling Data
___ Confidential Information (see Instructions)
___ BACT Analysis
_____
_____
_____

Check added form sheets above; also indicate the number of copies of each form in blank provided.

DOCUMENT CERTIFICATION FORM

I certify under penalty of law that this document and all attachments [as noted above] were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering and evaluating the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I certify that I understand that the existence of a permit under [Article 6 of the Regulations] does not shield the source from potential enforcement of any regulation of the board governing the major NSR program and does not relieve the source of the responsibility to comply with any applicable provision of the major NSR regulations.

SIGNATURE: _____ DATE: _____

NAME: _____ REGISTRATION NO: _____

TITLE: _____ COMPANY: _____

PHONE: _____ ADDRESS: _____

EMAIL: _____ _____

References: Virginia Regulations for the Control and Abatement of Air Pollution (Regulations), 9 VAC 5-20-230B and 9 VAC 5-80-1140E.

GENERAL INFORMATION

Person Completing Form:	Date:	Registration Number:
Company and Division Name:		
Mailing Address:		
Exact Source Location – Include Name of City (County) and Full Street Address or Directions:		
Telephone Number:	No. of Employees:	Property Area at Site:
Person to Contact on Air Pollution Matters – Name and Title:	Phone Number: Fax: Email:	
Latitude and Longitude Coordinates **OR** UTM Coordinates of Facility:		

Reason(s) for Submission (Check all that apply):

☐ State Operating Permit

This permit is applied for pursuant to provisions of the Virginia Administrative Code, 9 VAC 5 Chapter 80, Article 5 (SOP)

☐ New Source

☐ Modification of a Source

☐ Relocation of a Source

This permit is applied for pursuant to the following provisions of the Virginia Administrative Code:

- ☐ 9 VAC 5 Chapter 80, Article 6 (Minor Sources)
- ☐ 9 VAC 5 Chapter 80, Article 8 (PSD Major Sources)
- ☐ 9 VAC 5 Chapter 80, Article 9 (Non-Attainment Major Sources)

☐ Amendment to a Permit Dated: _____ Permit Type: ☐ SOP (Art. 5) ☐ NSR (Art. 6)

Amendment Type:

- ☐ Administrative Amendment
- ☐ Minor Amendment
- ☐ Significant Amendment

This amendment is requested pursuant to the provisions of:

- ☐ 9 VAC 5-80-970 (SOP Adm.)
- ☐ 9 VAC 5-80-980 (SOP Minor)
- ☐ 9 VAC 5-80-990 (SOP Sig.)
- ☐ 9 VAC 5-80-1270 (NSR Adm.)
- ☐ 9 VAC 5-80-1280 (NSR Minor)
- ☐ 9 VAC 5-80-1290 (NSR. Sig.)

☐ Applicability Determination for an Exemption

☐ Other (specify): _____

Explanation of Permit Request (attach documents if needed):

GENERAL INFORMATION (CONTINUED)

For Portable Plants:

Is this facility designed to be portable? ☐ Yes ☐ No

- If yes, is this facility already permitted as a portable plant? ☐ Yes ☐ No Permit Date: _____

If not permitted, is this an application to be permitted as a portable plant? ☐ Yes ☐ No

If permitted as a portable facility, is this a notification of relocation? ☐ Yes ☐ No

- Describe the new location or address (include a site map): _____

- Will the portable facility be co-located with another source? ☐ Yes ☐ No Reg. No. _____
- Will the portable facility be modified or reconstructed as a result of the relocation? ☐ Yes ☐ No
- Will there be any new emissions other than those associated with the relocation? ☐ Yes ☐ No
- Is the facility suitable for the area to which it will be located? (attach documentation) ☐ Yes ☐ No

Describe the products manufactured and/or services performed at this facility:

List the Standard Industrial Classification (SIC) Code(s) for the facility:

List the North American Industry Classification System (NAICS) Code(s) for the facility:

List all the facilities in Virginia under common ownership or control by the owner of this facility:

Milestones: This section is to be completed if the permit application includes a new emissions unit or modification to existing operations.

Milestones*:	Starting Date:	Estimated Completion Date:
New Equipment Installation		
Modification of Existing Process or Equipment		
Start-up Dates		

*For new or modified installations to be constructed in phased schedule, give construction/installation starting and completion date for each phrase.

FUEL BURNING EQUIPMENT: (Boilers, Turbines, Kilns, and Other External Combustion Units)

Company Name:	Date:	Registration Number:

Unit Ref. No.	Equipment Manufacturer, Type, and Model Number	Date of Manuf.	Date of Const.	Max. Rated Input Heat Capacity For Each Fuel (Million Btu/hr)	Type of Fuel	Type of Equip. (use Code A)	Usage (use Code B)	Requested Throughput* (hrs/yr OR fuel/yr)	Federal Regulations that Apply

☐ Estimated Emission Calculations Attached (include references of emission factors) and/or Stack Test Results if Available

Code A – Equipment

BOILER TYPE:
1. Pulverized Coal - Wet Bottom
2. Pulverized Coal - Dry Bottom
3. Pulverized Coal - Cyclone Furnace
4. Circulating Fluidized Bed
5. Spreader Stoke
6. Chain or Travelling Grate Stoker
7. Underfeed Stoker
8. Hand Fired Coal
9. Oil, Tangentially Fired
10. Oil, Horizontally Fired (except rotary cup)
11. Gas, Tangentially Fired
12. Gas, Horizontally Fired
13. Wood with Flyash Reinjection
14. Wood without Flyash Reinjection
15. Other (specify) _____

OTHER COMBUSTION UNITS:
16. Oven / Kiln
17. Rotary Kiln
18. Process Furnace
19. Other (specify) _____

Code B - Usage

1. Steam Production
2. Drying / Curing
3. Space Heating
4. Process Heat
5. Food Processing
6. Electrical Generation
7. Mechanical Work
8. Other (specify) _____

***Pick only one option for a requested throughput.**

NOTE: Dryers, kilns, and furnaces also have to fill out Page 11.

STATIONARY INTERNAL COMBUSTION ENGINES:

Company Name:	Date:	Registration Number:

Unit Ref. No.	Equipment Manufacturer, Type, and Model Number	Date of Manuf.	Date of Const.	Output Brake Horsepower (bhp)	Output Electrical Power (kW)	Type of Fuel	Usage* (use Code C)	Requested Throughput** (hrs/yr OR fuel/yr)	Federal Regulations that Apply

☐ Estimated Emission Calculations Attached (include references of emission factors and manufacturer specifications per engine) and/or Stack Test Results if Available

Code C – Usage

1. Emergency Generator
2. Participates in Emergency Load Response Program
3. Non-Emergency Generator
4. Participates in Demand Response Program(s)
5. Other (specify) _____

***Can pick more than one option**
(i.e. 1 and 2 **OR** 3 and 4)

****Pick only one option for a requested throughput.**

LIQUID AND/OR SOLID WASTE INCINERATORS: (NOT AN AIR EMISSIONS CONTROL DEVICE)

Company Name:	Date:	Registration Number:

Unit Ref. No.	Equipment Manufacturer, Type, and Model Number	Date of Manuf.	Date of Const.	Incin. Max. Rated Capacity (lbs/hr)	Burner Rated Capacity (Btu/hr)		Minimum Chamber Temp. (^{o}F)		Requested Throughput to be Incinerated		Incin. Type (use Code D)	Waste Type (use Code E)	Min. Secondary Chamber Retention Time (sec)	Burn Down Cycle Time (hrs)	Federal Regulations that Apply
					Pri.	Sec.	Pri.	Sec.	Lbs hr	Tons yr					

☐ Estimated Emission Calculations Attached (include references of emission factors) and/or Stack Test Results if Available

Code D – Incinerator Type	Code E – Waste Type
1. Rotary Kiln 2. Mass Burn/Refuse Derived Fuel 3. Crematory 4. Single Chamber 5. Multiple Chamber 6. Other (specify) _____	1. Paper Waste 2. Hospital Waste 3. Medical Waste 4. Municipal Waste 5. Animal Waste 6. Crematory Waste (Human Remains) 7. Industrial Waste 8. Other (specify) _____

PROCESSING, MANUFACTURING, SURFACE COATING AND DEGREASING OPERATIONS:

Company Name:	**Date:**	**Registration Number:**

Unit Ref. No.	**Process or Operation Name**	**Equipment Manufacturer, Type, and Model Number**	**Date of Manuf.**	**Date of Const.**	**Max. Rated Capacity (_____/hr)***	**Requested Throughput***			**Federal Regulations that Apply**
						(_____/hr)	**(_____/day)**	**(_____/yr)**	

☐ Estimated Emission Calculations Attached (include references of emission factors) and/or Stack Test Results if Available

*** Specify units for each operation in tons, pounds, gallons, etc., as applicable. <u>For coating operations</u>, the maximum rated capacity is the spray gun capacity.**

INKS, COATINGS, STAINS, AND ADHESIVES:

Company Name:	Date:	Registration Number:

Unit Ref. No.	Coating Material (specify)	Coating Use (use Code F)	Lbs VOC in Coating as Applied			VOC Control Method (use Code G)	Solids Transfer Efficiency (%)	Coating Density as Applied (lbs/gal)	Maximum Coating Usage as Applied	
			Per gal coating	Per gal coating less water & exempt solvent	Per gal solids				(Gal/hr)	(Gal/yr)

Hazardous Air Pollutants (HAPs)	Lbs HAP/gal coating as applied	Hazardous Air Pollutants (HAPs)	Lbs HAP/gal coating as applied
CAS #: **HAP Name:**		**CAS #:** **HAP Name:**	
CAS #: **HAP Name:**		**CAS #:** **HAP Name:**	
CAS #: **HAP Name:**		**CAS #:** **HAP Name:**	

☐ Estimated Emission Calculations Attached (include references of emission factors and MSDS or CPDS for each coating)

Code F – Coating Use

1. Large Appliance Coatings
2. Magnet Wire Coatings
3. Auto and Light Duty Truck Coatings
   a. Prime Coat
   b. Guidecoat
   c. Topcoat
   d. Final Repair
   e. Anti-chip
   f. Anti-chip extreme performance
   g. Anti-chip visible surface
4. Aerospace Industries Coating
5. Magnetic Tape Coating
6. Can Coatings
   a. Base/Overvarnish
   b. Internal body/external ends
   c. 3-piece Can, side seam
   d. End seals
7. Metal Coil Coating
8. Non-Printing Paper/Fabric Coating
9. Publication Printing Inks and Coatings
10. Packaging Printing Inks and Coatings
11. Vinyl Coatings
12. Metal Furniture Coatings
13. Plastic Parts and Products Coatings
14. Miscellaneous Metal Parts Coatings
    a. Clear coatings
    b. Air-dried Coatings
    c. Extreme Performance Coatings
    d. Other coatings
15. Flatwood Paneling Coatings
    a. Printed Hardwood/Particleboard
    b. Natural finish Hardwood/Plywood
    c. Class II Hardboard
16. Paper and other Webs
17. Shipbuilding and Ship Repair Coating
18. Wood Furniture Coating
19. Flexographic Ink
20. Lithographic Ink
21. Rotogravure Ink
22. Adhesives – describe:_____
    _____
23. Other:_____

Code G – VOC Control Method

1. Low-VOC Coatings
   a. High-Solids Coatings
   b. Low-Solvent Coatings
   c. Waterborne Coatings
   d. Powder Coatings
   e. UV Light/Electron Beam Cured Coatings
   f. Electrodeposited Waterborne Coatings
2. Increased Solids Transfer Efficiency
3. Carbon Adsorption
4. Incineration
5. Regenerative Thermal Oxidizer (RTO)
6. Enclosures - Partial _____ % or
   Capture Efficiency _____ %
7. Other:_____

NOTE: Fill out one page for each ink, coating, stain, and adhesive.

VOLATILE ORGANIC COMPOUND (VOC)/PETROLEUM LIQUID STORAGE TANKS:

Company Name:	Date:	Registration Number:

Unit Ref. No.	Tank Type (use Code H)	Source of Tank Contents (use Code I)	Date of Manuf.	Date of Const.	Material Stored - Name and CAS # (include Reid Vapor Pressure for Gasoline)	Max. True Vapor Pressure (psia)	Density* (lbs/gal)	Max. Average Storage Temp. (^{o}F)	Tank Diameter (feet)	Tank Capacity (gal)	Requested Throughput (gal/yr)	Federal Regulations that Apply

☐ Estimated Emission Calculations Attached (include TANKS Program printouts)

Code H – Tank Type		**Code I – Source of Tank Contents**
1. Fixed Roof a. Vertical Tank b. Horizontal Tank 2. Floating Roof a. Internal (welded deck) b. Internal (bolted deck) – Specify Panel or Sheet c. External (welded deck) d. External (riveted deck)	3. Variable Vapor Space 4. Pressure Tank (over 15 psig) 5. Underground Splash Loading 6. Underground Submerged Loading 7. Underground Submerged Loading, Balanced 8. Other:_____	1. Pipeline 2. Rail Car 3. Tank Truck 4. Ship or Barge 5. Process

*** Specify the ASTM temperature standard at which the density was measured.**

VOLATILE ORGANIC COMPOUND (VOC)/PETROLEUM LIQUID STORAGE TANKS (CONTINUED):

Company Name:	Date:	Registration Number:

Unit Ref. No.	Tank Color		Fixed Roof Only					Floating Roof Only				
	Shell	Roof	Internal Tank Height or Length (feet)	Max. Hourly Filling (gallons)	External Fixed Roof			Seal Type (use Code J)	Max. Hourly Withdrawal (gallons)	Internal Floating Roof		
					Type of Roof (cone or dome)	Cone height (ft) and slope (ft/ft)	Dome height (ft) and radius (ft)			Self Supporting?	If no,	
											No. of Columns	Column Diameter (ft)

Code J – Seal Type (Pontoon External Only)	(Double Deck External Only)	(Internal Only)
1. Mechanical Shoe a. Primary only b. Shoe mounted secondary c. Rim mounted secondary 2. Liquid Mounted a. Primary only b. Weather shield secondary c. Rim mounted secondary 3. Vapor Mounted a. Primary only b. Weather shield secondary c. Rim mounted secondary	4. Mechanical Shoe a. Primary only b. Shoe mounted secondary c. Rim mounted secondary 5. Liquid Mounted a. Primary only b. Weather shield secondary c. Rim mounted secondary 6. Vapor Mounted a. Primary only b. Weather shield secondary c. Rim mounted secondary	7. Mechanical Shoe a. Primary only b. Shoe mounted secondary c. Rim mounted secondary 8. Liquid Mounted a. Primary only b. Rim mounted secondary 9. Vapor Mounted a. Primary only b. Rim mounted secondary

LOADING RACKS AND OIL-WATER SEPARATORS:

Company Name:	Date:	Registration Number:

Unit Ref. No.	Name of Product Loaded or Recovered	Max. Hourly Throughput (gallons)	Requested Annual Throughput (gallons)	Loading Racks Only		Oil-Water Separators Only	Federal Regulations that Apply
				Type of Loading (use Code K)	Hatch Vapor Closure on Loading Arms (use Code L)	Type of Enclosure (use Code M)	

☐ Estimated Emission Calculations Attached

Code K – Type of Loading	Code L – Hatch Vapor Closure	Code M – Type of Enclosure
1. Overhead Loading - splash fill, normal service 2. Overhead Loading - submerged fill, normal service 3. Bottom Loading - normal service 4. Overhead Loading - splash fill, balanced service 5. Overhead Loading - submerged fill, balanced service 6. Bottom Loading - Balanced service	1. None, open to air 2. Emco - Wheaton 3. OPW 4. Chiksan - LTV 5. Other:_____	1. Open 2. Partially Open 3. Floating Roof 4. Sealed Cover

FUMIGATION OPERATIONS:

Company Name:	Date:	Registration Number:

Unit Ref. No.	Object or Product to be Fumigated	Containment System	Fumigant	Max. Daily Fumigant Usage* (lbs/day or g/day)	Max. Annual Fumigant Usage* (lbs/yr or g/yr)	Estimated Number of Fumigation Events Per Year	Aeration Method	Distance from Fumigation Operation to Property or Fence Line (feet)

☐ Estimated Emission Calculations Attached

☐ Fumigation Operation is less than 300 feet to an area occupied by people

*** Specify units for each operation in pounds (methyl bromide) or grams (phosphine) per day or year.**

AIR POLLUTION CONTROL AND MONITORING EQUIPMENT:

Company Name:	Date:	Registration Number:

Unit Ref. No.	Vent/ Stack No.	Device Ref. No.	Pollutant/Parameter	Air Pollution Control Equipment			Monitoring Instrumentation
				Manufacturer and Model No.	Type (use Code N)	Percent Efficiency (%)	Specify Type, Measured Pollutant, and Recorder Used

☐ Manufacturer Specifications Included

Code N – Type of Air Pollution Control Equipment

1. Settling Chamber
2. Cyclone
3. Multicyclone
4. Cyclone scrubber
5. Orifice scrubber
6. Mechanical scrubber
7. Venturi scrubber
   a. Fixed throat
   b. Variable throat
8. Mist eliminator
9. Filter
   a. Baghouse
   b. Other:_____
10. Electrostatic Precipitator
    a. Hot side
    b. Cold side
    c. High voltage
    d. Low voltage
    e. Single stage
    f. Two stage
    g. Other:_____
11. Catalytic Afterburner
12. Direct Flame Afterburner
13. Diesel Oxidation Catalyst (DOC)
14. Thermal Oxidizer
15. Regenerative Thermal Oxidizer (RTO)
16. Selective Catalytic Reduction (SCR)
17. Selective Non-Catalytic Reduction (SNCR)
    17. Absorber
        a. Packed tower
        b. Spray tower
        c. Tray tower
        d. Venturi
        e. Other:_____
    18. Adsorber
        a. Activated carbon
        b. Molecular sieve
        c. Activated alumina
        d. Silica gel
        e. Other:_____
    19. Condenser (specify)
    20. Other:_____

AIR POLLUTION CONTROL EQUIPMENT - SUPPLEMENTAL INFORMATION:

Company Name:	Date:	Registration Number:

Device Ref. No.	Type (use Code N)	Liquid Flow Rate (gpm) (4, 5, 6, 7, 17 ,19)	Liquid Medium (4, 5, 6, 7, 17, 19)	Cleaning Method (9, 10, 17, 18)	Number of Fields (10)	Number of Sections (9, 10)	Air to Cloth Ratio (fpm) (9)	Filter Material (9)	Inlet Temp. (^{o}F)	Regeneration Method & Cycle Time (sec) (18)	Chamber Temp. (^{o}F) (11, 12, 14, 15)	Retention Time (sec) (11, 12, 14, 15)	Pressure Drop (inch H_2O) (3, 4, 5, 6, 7, 9, 17)

NOTE: Numbers listed in parenthesis in the columns above represent the Control Equipment in Code N below.

Code N – Type of Air Pollution Control Equipment

1. Settling Chamber
2. Cyclone
3. Multicyclone
4. Cyclone scrubber
5. Orifice scrubber
6. Mechanical scrubber
7. Venturi scrubber
   a. Fixed throat
   b. Variable throat
8. Mist eliminator
9. Filter
   a. Baghouse
   b. Other:_____
10. Electrostatic Precipitator
    a. Hot side
    b. Cold side
    c. High voltage
    d. Low voltage
    e. Single stage
    f. Two stage
    g. Other:_____
11. Catalytic Afterburner
12. Direct Flame Afterburner
13. Diesel Oxidation Catalyst (DOC)
14. Thermal Oxidizer
15. Regenerative Thermal Oxidizer (RTO)
16. Selective Catalytic Reduction (SCR)
17. Selective Non-Catalytic Reduction (SNCR)
17. Absorber
    a. Packed tower
    b. Spray tower
    c. Tray tower
    d. Venturi
    e. Other:_____
18. Adsorber
    a. Activated carbon
    b. Molecular sieve
    c. Activated alumina
    d. Silica gel
    e. Other:_____
19. Condenser (specify)
20. Other:_____

STACK PARAMETERS AND FUEL DATA:

Company Name:	Date:	Registration Number:

Unit Ref. No.	Vent/ Stack No.	Vent/Stack or Exhaust Data						Fuel(s) Data				
		Vent/Stack Config. (use Code O)	Vent/Stack Height (feet)	Exit Diameter (feet)	Exit Gas Velocity (ft/sec)	Exit Gas Flow Rate (acfm)	Exit Gas Temp. (^{o}F)	Type of Fuel	Heating Value* (Btu/____)	Max. Rated Burned/hr (specify units)	Max. Sulfur %	Max. Ash %

Code O – Vent/Stack Configuration

1. Stack discharging downward, or nearly download
2. Equivalent stack representing a combination of multiple actual stacks
3. Gooseneck stack
4. Stack discharging in a horizontal direction
5. Stack with an unobstructed opening discharge in a vertical direction
6. Vertical stack with a weather cap or similar obstruction in exhaust system

*** Specify units for each heating value in Btus per unit of fuel.**

PROPOSED PERMIT LIMITS FOR CRITERIA POLLUTANTS:

Company Name:	Date:	Registration Number:

Unit Ref. No.	Proposed Permit Limits for Criteria Pollutants															
	PM [a] (Particulate Matter)		PM-10 [a,b] (10 µM or smaller particulate matter)		PM 2.5 [a,b] (2.5 µM or smaller particulate matter)		SO_2 (Sulfur Dioxide)		NO_X (Nitrogen Oxides)		CO (Carbon Monoxide)		VOC [a] (Volatile Organic Compounds)		Pb (Lead)	
	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr
TOTAL:																

☐ Estimated Emission Calculations Attached (totals and per Unit Ref. No.)

[a] PM, PM-10, PM 2.5, and VOC should also be split up by component and reported under the Proposed Permit Limits for Toxic Pollutants/HAPs.

[b] PM-10 and PM 2.5 includes filterable and condensable.

PROPOSED PERMIT LIMITS FOR TOXIC POLLUTANTS/HAPS:

Company Name:	Date:	Registration Number:

Unit Ref. No.	Proposed Permit Limits for Toxic/HAP Pollutants*															
	HAP Name: CAS #:		HAP Name: CAS #:		HAP Name: CAS #:		HAP Name: CAS #:		HAP Name: CAS #:		HAP Name: CAS #:		HAP Name: CAS #:		HAP Name: CAS #:	
	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr
TOTAL:																

☐ Estimated Emission Calculations Attached (totals and per Unit Ref. No.)

*** Specify the name of the toxic pollutant/HAP for each Unit Ref. No. along with the respective CAS Number**. Toxic Pollutant means a pollutant on the designated list in the Form 7 Instructions document. Particulate matter and volatile organic compounds are not toxic pollutants as generic classes of substances, but individual substances within these classes may be toxic pollutants because their toxic properties or because a TLV (tm) has been established.

PROPOSED PERMIT LIMITS FOR OTHER REGULATED POLLUTANTS:

Company Name:	Date:	Registration Number:

Unit Ref. No.	Proposed Permit Limits for Other Regulated Pollutants*															
	Pollutant Name:		Pollutant Name:		Pollutant Name:		Pollutant Name:		Pollutant Name:		Pollutant Name:		Pollutant Name:		Pollutant Name:	
	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr
TOTAL:																

☐ Estimated Emission Calculations Attached (totals and per Unit Ref. No.)

*** Other Regulated Pollutant** include Fluorides, Sulfuric Acid Mist, Hydrogen Sulfide (H_2S), Total Reduced Sulfur (including H_2S), Reduced Sulfur Compounds (including H_2S), Municipal Waste Combustor Organics (measured as total tetra-through octa-chlorinated dibenzo-p-dioxins and dibenzofurans), Municipal Waste Combustor Metals (measured as particulate matter), Municipal Waste Combustor Acid Gases (measured as the sum of SO_2 and HCl), and Municipal Solid Waste Landfill Emissions (measured as nonmethane organic compounds).

PROPOSED PERMIT LIMITS FOR GREENHOUSE GASES (GHGs) ON MASS BASIS: FOR PSD MAJOR SOURCES ONLY

Company Name:	Date:	Registration Number:

Unit Ref. No.	Proposed Permit Limits for GHG Pollutants on Mass Basis													
	CO_2 (Carbon Dioxide)		N_2O (Nitrous Oxide)		CH_4 (Methane)		HFCs (Hydrofluoro-carbons)		PFCs (Perfluoro-carbons)		SF_6 (Sulfur Hexafluoride)		Total GHGs	
	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr
TOTAL:														

☐ Estimated Emission Calculations Attached (totals and per Unit Ref. No.)

PROPOSED PERMIT LIMITS FOR GREENHOUSE GASES (GHGs) ON CO_2 EQUIVALENT EMISSIONS (CO_2e) BASIS: <u>FOR PSD MAJOR SOURCES ONLY</u>

Company Name:	Date:	Registration Number:

Unit Ref. No.	Proposed Permit Limits for GHG Pollutants on CO_2 Equivalent Basis													
	CO_2 (Carbon Dioxide)		N_2O (Nitrous Oxide)		CH_4 (Methane)		HFCs (Hydrofluoro-carbons)		PFCs (Perfluoro-carbons)		SF_6 (Sulfur Hexafluoride)		Total GHGs	
	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr
TOTAL:														

☐ Estimated Emission Calculations Attached (totals and per Unit Ref. No.)

BASELINE ACTUAL EMISSIONS (BAE) FOR CRITERIA POLLUTANTS: <u>FOR PSD OR MAJOR NONATTAINMENT SOURCES ONLY</u>

Company Name:	Date:	Registration Number:

Unit Ref. No.	Average Actual Annual Emissions to the Atmosphere of Criteria Pollutants for the Period: _____, 20___ to _____, 20___							
	PM (Particulate Matter)	**PM-10*** (10 µM or smaller particulate matter)	**PM 2.5*** (2.5 µM or smaller particulate matter)	**SO_2** (Sulfur Dioxide)	**NO_X** (Nitrogen Oxides)	**CO** (Carbon Monoxide)	**VOC** (Volatile Organic Compounds)	**Pb** (Lead)
	tons/yr	tons/yr	tons/yr	tons/yr	tons/yr	tons/yr	tons/yr	tons/yr
TOTAL:								

☐ Background Documentation Attached (totals and per Unit Ref. No.)

*** PM-10 and PM 2.5 includes filterable and condensable.**

BASELINE ACTUAL EMISSIONS (BAE) FOR GREENHOUSE GASES (GHGs) POLLUTANT EMISSIONS ON MASS BASIS: <u>FOR PSD MAJOR SOURCES ONLY</u>

Company Name:	Date:	Registration Number:

Unit Ref. No.	Average Actual Annual Emissions to the Atmosphere of GHGs for the Period: _____, 20___ to _____, 20___					
	CO_2 (Carbon Dioxide)	N_2O (Nitrous Oxide)	CH_4 (Methane)	HFCs (Hydrofluorocarbons)	PFCs (Perfluorocarbons)	SF_6 (Sulfur Hexafluoride)
	tons/yr	tons/yr	tons/yr	tons/yr	tons/yr	tons/yr
TOTAL:						

☐ Background Documentation Attached (totals and per Unit Ref. No.)

BASELINE ACTUAL EMISSIONS (BAE) FOR GREENHOUSE GASES (GHGs) POLLUTANT EMISSIONS ON CO_2 EQUIVALENT EMISSIONS (CO_2e)
BASIS: <u>FOR PSD MAJOR SOURCES ONLY</u>

Company Name:	Date:	Registration Number:

Unit Ref. No.	Average Actual Annual Emissions to the Atmosphere of GHGs for the Period: _____, 20___ to _____, 20___					
	CO_2 (Carbon Dioxide)	N_2O (Nitrous Oxide)	CH_4 (Methane)	HFCs (Hydrofluorocarbons)	PFCs (Perfluorocarbons)	SF_6 (Sulfur Hexafluoride)
	tons/yr	tons/yr	tons/yr	tons/yr	tons/yr	tons/yr
TOTAL:						

☐ Background Documentation Attached (totals and per Unit Ref. No.)

OPERATING PERIODS:

Company Name:	Date:	Registration Number:

Unit Ref. No.	Percent Annual Use/Throughput by Season				Normal Process/Equipment Operating Schedule			Maximum Process/Equipment Operating Schedule		
	December / February	March / May	June / August	September / November	Hours per Day	Days per Week	Weeks per Year	Hours per Day	Days per Week	Weeks per Year

Maximum Facility Operating Schedule		
Hours per Day	Days per Week	Weeks per Year